

Colour Consultation Questionnaire

Personal Information

1. Name: _____ 2. Email Address: _____ 3. Phone Number: _____

Hair History

4. What is your natural hair color? _____

5. Have you colored your hair before? Y or N

- If yes, please specify the colors and techniques used:

6. When was the last time you colored your hair? Date: _____

Current Hair Condition

7. How would you describe the current condition of your hair? (Select all that apply)

☐ Healthy ☐ Dry ☐ Damaged ☐ Fine ☐ Thick ☐ Oily

☐ Other: _____

8. Do you have any gray hair that you'd like to cover? Y or N

Desired Results

9. What color are you interested in? _____

10. What type of coloring service are you looking for? (Select all that apply)

☐ Solid color ☐ Highlights ☐ Lowlights

☐ Balayage ☐ Ombre ☐ Other: _____

Maintenance and Lifestyle

11. How often do you typically get your hair colored/retouched?

☐ Every 4-6 weeks ☐ Every 8-10 weeks. ☐ Every 3-4 months

☐ Other: _____

12. How much maintenance are you willing to commit to?

☐ Low maintenance ☐ Moderate maintenance ☐ High maintenance

13. How much time do you spend styling your hair each day? _____

Health Considerations

14. Do you have any allergies or sensitivities to hair products? Y or N

If yes, please specify: _____

15. Are there any specific colors or techniques you absolutely want to avoid?

16. Is there anything else you would like me to know about your hair or your expectations?

Consent

17. May I contact you about your appointment or any follow-up questions? Y or N